

Disciplinary and Personnel Actions Guide: Checklists and Example Letters



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COMMONWEALTH OF KENTUCKY

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As a convenience to Executive Branch state agencies, the Personnel Cabinet provides several checklists to use in the preparation and review of disciplinary actions and personnel actions. These lists outline necessary steps an agency must take prior to certain disciplinary actions. The Personnel Cabinet also uses the checklists to audit such documents and will assist agencies as much as possible in complying with merit system statutes and regulations. Agencies must note, however, that the final responsibility of compliance rests with the agency initiating the action.

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-DEMOTION-			
KRS & KAR REFERENCE	Classified Employee with Status (With Cause)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.095, 111; 1:325	1.	Does the employee have status?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the demotion?	
	<i>Did the letter state:</i>		
	3.	The effective date of the demotion?	
	4.	The change in the employee's salary?	
	5.	<p>The statutory or regulatory violation?</p> <p>Examples of statutes or regulations that may relate to the action are:</p> <ul style="list-style-type: none"> • 1:345 Section 1--General Provision. Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2--relating to attendance, hours of work • 2:102 Section 2--relating to sick leave • 2:102 Section 10--relating to absence without leave • 101 KAR 2:180 Section 8 – relating to unacceptable performance evaluation ratings <p>Whatever law/regulation that applies must be cited.</p>	
	6.	The specific action or activity on which the demotion is based?	
	7.	The date, time and place of the action or the activity?	
	8.	The names of the parties involved?	
	9.	Was the employee informed of the right to appeal the demotion to the Personnel Board within 60 days after receipt of notice, excluding the date of receipt of notice?	
	10.	<p>Was an appeal form listed as an attachment and attached to the notice?</p> <p><i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i></p>	
	1:345 (3)	11.	<p>At the time of notification, was a copy of the notice sent to the Secretary of the Personnel Cabinet at:</p> <p>Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3rd Floor Frankfort, KY 40601</p>

Example Letter 1:

-DEMOTION- **Classified Employee with Status (With Cause)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to KRS 18A.095, you are advised that you will be demoted for cause from your position as **[Job Title]** to the position of **[Job Title]** effective beginning of business **[Date]**. As a result, pursuant to 101 KAR 2:034, your salary will be reduced from **[Current Salary]** to **[New Salary]**.

You are demoted for violation of **[cite law or regulation violated, such as 101 KAR 1:345, Section 1 (unsatisfactory performance) and 101 KAR 2:095, Section 2 (attendance and hours of work)]** specified as follows:

[Specifics of the reasons for the demotion including the statutory or regulatory violation, the specific action or activity on which the demotion is based, the date, time and place of such action or activity and the names of the parties involved.]

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center">-DEMOTION-</p> <p align="center">Unclassified Employee (With Cause)</p>		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.095; 3:050 (4)	1.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the demotion?	
	<i>Did the letter state:</i>		
	2.	The effective date of the demotion?	
	3.	The change in the employee's salary?	
	4.	The specific action or activity on which the demotion is based?	
	5.	The date, time and place of the action or the activity?	
	6.	The names of the parties involved?	
	7.	Was the employee informed of the right to appeal the demotion to the Personnel Board within 30 days after the effective date of the demotion?	
	8.	Was an appeal form listed as an attachment and attached to the notice?	
	<i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>		
	9.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 2:

-DEMOTION- Unclassified Employee (With Cause)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to KRS 18A.095 and 101 KAR 3:050, Section 4, you are advised that you will be demoted for cause from your position as **[Job Title]** to the position of **[Job Title]** effective beginning of business **[Date]**. As a result, pursuant to 101 KAR 3:045, your salary will be reduced from **[Current Salary]** to **[New Salary]**.

Based upon review of your employment record and the recommendation of the **[Organizational Unit]**, your dismissal is justified based upon the following specific reason(s):

[Specifics of the reasons for the demotion including the statutory or regulatory violation, the specific action or activity on which the demotion is based, the date, time and place of such action or activity and the names of the parties involved. State specific reasons and any applicable law or regulation violated, such as 101 KAR 2:095, Section 2 (attendance and hours of work), which applies to the unclassified service pursuant to 101 KAR 3:050, Section 8.]

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within thirty (30) days after the effective date of the action. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-DEMOTION- Unclassified Employee (Without Cause)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.095; 3:050 (4)	1.	Was the employee notified in writing, signed by the appointing authority or authorized designee, prior to the effective date of the demotion?	
	<i>Did the letter state:</i>		
	2.	The effective date of the demotion?	
	3.	The change in the employee's salary?	
	4.	Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent? <i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i>	
	5.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	6.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 3:

-DEMOTION- **Unclassified Employee (Without Cause)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to 101 KAR 3:050, Section 4, you are advised that you will be demoted without cause from your position as **[Job Title]** to the position of **[Job Title]** effective beginning of business **[Date]**. As a result, pursuant to 101 KAR 3:045, your salary will be reduced from **[Current Salary]** to **[New Salary]**.

As an employee without status under the merit system, you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center"><u>-DISCIPLINARY FINE-</u></p> <p align="center">Classified Employee with Status</p> <p align="center">Note: Prior to the imposition of a disciplinary fine, an agency MUST consider all FLSA implications</p>		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
	<p align="center">The Personnel Cabinet Office of Legal Services must approve the Notice of Disciplinary Fine <i>BEFORE</i> an agency issues it to an employee.</p> <p align="center">When reviewing the notice, the Personnel Cabinet will consider the following:</p>		
	1.	Does the employee have status?	
	2.	Is the employee an FLSA non-exempt employee? <i>NOTE: If the employee is exempt from the provisions of the FLSA, then a disciplinary fine may be issued only for infractions of safety rules of major significance.</i>	
1:345 (5)	3.	Is the fine computed on the basis of the employee's current salary?	
	4.	Is the fine 10 or fewer days' pay?	
18A.095	5.	Does the fine result in the employee's wages dropping below a minimum wage hourly rate for any given workweek? <i>NOTE: If the case of a non-exempt employee, the fine must not result in the employee's wages dropping below a minimum wage hourly rate for any given workweek.</i>	
	6.	Timing: Will the employee receive formal notice of disciplinary fine prior to the start of the pay period from which the employee's wages will be reduced by the disciplinary fine (affected pay period)? <i>EXAMPLE: Assume that disciplinary fine is to be imposed on employee's pay issued January 31, 2014, compensating employee for pay period beginning January 1, 2014 and ending January 15, 2014. Employee must receive notice of disciplinary fine prior to January 1, 2014.</i>	
	<i>Did the letter state:</i>		
	7.	The amount of the fine and the affected pay period?	
	8.	The statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are: <ul style="list-style-type: none"> • 1:345 Section 1—General Provision, Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2—relating to attendance, hours of work • 2:102 Section 2—relating to sick leave • 2:102 Section 10—relating to absence without leave Whatever law/regulation that applies must be cited.	
	9.	The manner of imposing the fine?	
	10.	The specific action or activity on which the fine is based?	
	11.	The date, time and the place of action or activity?	
	12.	The names of the parties involved?	
1:345 (5)	13.	Was employee informed of the right to appeal the fine within 60 days of receipt of notice, excluding the date of receipt of notice?	
	14.	Was an appeal form listed as an attachment and attached to the notice? <i>NOTE: An Appeal form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	15.	Is the notice signed by the appointing authority or authorized designee?	

Example Letter 4:

-DISCIPLINARY FINE- **Classified Employee with Status**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to KRS 18A.095 and 101 KAR 1:345, Section 5, you are hereby notified that your wages are being reduced in the amount of **[\$ amount]**, a sum equal to **[#]** days' pay based upon your usual salary of **[\$]** per pay period. In order to effectuate this disciplinary action, your wages for the pay period **[example: January 1, 2014 to January 15, 2014]** will be reduced from **[\$]** per pay period to **[\$]** per pay period.

Pursuant to **[cite law or regulation violated]** your wages are reduced for your position as **[position title]** in the **[job location]** for the following reason:

[Specifics of the reasons for the fine including the statutory or regulatory violation, specific action or activity on which the fine is based, the date, time and place of such action or activity and the names of the parties involved.]

A copy of this notice is being furnished to the Personnel Cabinet in accordance with the personnel rules. As an employee with status, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center">-DISCIPLINARY FINE-</p> <p align="center">Classified Employee without Status (Initial Probation)</p> <p align="center">Note: Prior to the imposition of a disciplinary fine, an agency MUST consider all FLSA implications</p>		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
	<p align="center">The Personnel Cabinet Office of Legal Services must approve the Notice of Disciplinary Fine <i>BEFORE</i> an agency issues it to an employee.</p> <p align="center">When reviewing the notice, the Personnel Cabinet will consider the following:</p>		
18A.111	1.	Is the employee on initial probation?	
	2.	Is the employee an FLSA non-exempt employee? <i>NOTE: If the employee is exempt from the provisions of the FLSA, then a disciplinary fine may be issued only for infractions of safety rules of major significance.</i>	
1:345 (5)	3.	Is the fine computed on the basis of the employee's current salary?	
	4.	Is the fine 10 or fewer days' pay?	
18A.095	5.	Does the fine result in the employee's wages dropping below a minimum wage hourly rate for any given workweek? <i>NOTE: If the case of a non-exempt employee, the fine must not result in the employee's wages dropping below a minimum wage hourly rate for any given workweek.</i>	
	6.	Timing: Will the employee receive formal notice of disciplinary fine prior to the start of the pay period from which the employee's wages will be reduced by the disciplinary fine (affected pay period)? <i>EXAMPLE: Assume that disciplinary fine is to be imposed on employee's pay issued January 31, 2014, compensating employee for pay period beginning January 1, 2014 and ending January 15, 2014. Employee must receive notice of disciplinary fine prior to January 1, 2014.</i>	
	<i>Did the letter state:</i>		
	7.	The amount of the fine and the affected pay period?	
	8.	The statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are: <ul style="list-style-type: none"> • 1:345 Section 1—General Provision, Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2—relating to attendance, hours of work • 2:102 Section 2—relating to sick leave • 2:102 Section 10—relating to absence without leave Whatever law/regulation that applies must be cited.	
	9.	The manner of imposing the fine?	
	10.	The specific action or activity on which the fine is based?	
	11.	The date, time and the place of action or activity?	
	12.	The names of the parties involved?	
	13.	Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within 30 days, excluding the date the notification of the action was sent?	
	14.	Was an appeal form listed as an attachment and attached to the notice? <i>NOTE: An Appeal form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	15.	Is the notice signed by the appointing authority or authorized designee?	

Example Letter 5:

-DISCIPLINARY FINE- **Classified Employee without Status (Initial Probation)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to KRS 18A.095 and 101 KAR 1:345, Section 5, you are hereby notified that your wages are being reduced in the amount of **[\$ amount]**, a sum equal to **[#]** days' pay based upon your usual salary of **[\$]** per pay period. In order to effectuate this disciplinary action, your wages for the pay period of **[example: January 1, 2014 to January 15, 2014]** will be reduced from **[\$]** per pay period to **[\$]** per pay period.

Pursuant to **[cite law or regulation violated]**, your wages are reduced for your position as **[position title]** in the **[job location]** for the following reason:

[Specifics of the reasons for the fine including the statutory or regulatory violation, specific action or activity on which the fine is based, the date, time and place of such action or activity and the names of the parties involved.]

As an employee without status under the merit system, pursuant to 101 KAR 1:345, Section 5 you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-DISCIPLINARY FINE- Unclassified Employee		
	Note: Prior to the imposition of a disciplinary fine, an agency MUST consider all FLSA implications		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
	The Personnel Cabinet Office of Legal Services must approve the Notice of Disciplinary Fine <i>BEFORE</i> an agency issues it to an employee. When reviewing the notice, the Personnel Cabinet will consider the following:		
	1.	Is the employee an unclassified employee?	
	2.	Is the employee an FLSA non-exempt employee? <i>NOTE: If the employee is exempt from the provisions of the FLSA, then a disciplinary fine may be issued only for infractions of safety rules of major significance.</i>	
	3.	Is the fine computed on the basis of the employee's current salary?	
	4.	Is the fine 10 or fewer days' pay?	
18A.095	5.	Does the fine result in the employee's wages dropping below a minimum wage hourly rate for any given workweek? <i>NOTE: If the case of a non-exempt employee, the fine must not result in the employee's wages dropping below a minimum wage hourly rate for any given workweek.</i>	
	6.	Timing: Will the employee receive formal notice of disciplinary fine prior to the start of the pay period from which the employee's wages will be reduced by the disciplinary fine (affected pay period)? <i>EXAMPLE: Assume that disciplinary fine is to be imposed on employee's pay issued January 31, 2014, compensating employee for pay period beginning January 1, 2014 and ending January 15, 2014. Employee must receive notice of disciplinary fine prior to January 1, 2014.</i>	
	<i>Did the letter state:</i>		
	7.	The amount of the fine and the affected pay period?	
	8.	The statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are: <ul style="list-style-type: none"> • 1:345 Section 1—General Provision, Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2—relating to attendance, hours of work • 2:102 Section 2—relating to sick leave • 2:102 Section 10—relating to absence without leave Whatever law/regulation that applies must be cited.	
	9.	The manner of imposing the fine?	
	10.	The specific action or activity on which the fine is based?	
	11.	The date, time and the place of action or activity?	
	12.	The names of the parties involved?	
		13.	Was employee informed of the right to appeal the fine within 30 days of receipt of notice, excluding the date of receipt of notice?
	14.	Was an appeal form listed as an attachment and attached to the notice? <i>NOTE: An Appeal form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	15.	Is the notice signed by the appointing authority or authorized designee?	

Example Letter 6:

-DISCIPLINARY FINE- **Unclassified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to 18A.095, you are hereby notified that your wages are being reduced in the amount of **[\$ amount]**, a sum equal to **[#]** days' pay based upon your usual salary of **[\$]** per pay period. In order to effectuate this disciplinary action, your wages for the pay period of **[example: January 1, 2014 to January 15, 2014]** will be reduced from **[\$]** per pay period to **[\$]** per pay period.

Pursuant to **[cite law or regulation violated]**, your wages are reduced for your position as **[position title]** in the **[job location]** for the following reason:

[Specifics of the reasons for the fine including the statutory or regulatory violation, specific action or activity on which the fine is based, the date, time and place of such action or activity and the names of the parties involved.]

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within thirty (30) days after the effective date of the action. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: **Appeal Form**

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-DISMISSAL- Classified Employee with Status (Intent to Dismiss)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel actions and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325	1.	Does the employee have status?	
18A.095	2.	Prior to dismissal, was employee notified in writing by the appointing authority or designee, of the intent to dismiss?	
	3.	If placed on administrative leave with pay per 18A.095(2)(c) and pending the agency's final decision, was a separate Placement on Administrative Leave letter issued to the employee?	
	<i>Did the Intent to Dismiss letter state:</i>		
	4.	The specific reasons for intended dismissal?	
	5.	<p>The statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are:</p> <ul style="list-style-type: none"> • 1:345 Section 1--General Provision. Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2--relating to attendance, hours of work • 2:102 Section 2--relating to sick leave • 2:102 Section 10--relating to absence without leave <p>Whatever law/regulation that applies must be cited.</p>	
	6.	The specific action or activity on which the intent to dismiss is based?	
	7.	The date, time, and place of the activity on which the intent to dismiss is based?	
	8.	The names of the parties involved?	
	9.	The employee's right to request a pre-termination hearing?	
	10.	<p>Was a pre-termination hearing request form listed as an attachment and attached to the notice?</p> <p><i>PLEASE NOTE: A Pre-termination Hearing Request Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i></p>	

Example Letter 7:

-DISMISSAL- **Classified Employee with Status (Intent to Dismiss)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to KRS 18A.095, this is to advise you of the intent of the appointing authority to officially dismiss you from your position of **[Job Title]** with the **[Organizational Unit]**.

Pursuant to **[cite law or regulation violated, including 101 KAR 1:345, Section 1 (unsatisfactory performance) and KAR 2:095, Section 2 (attendance and hours of work)]**, and based upon review of your employment record and the recommendation of the **[Organizational Unit]**, I find probable cause to believe that your dismissal is justified based upon the following specific reason(s):

[Specifics of the reasons for the dismissal including the statutory or regulatory violation, specific action or activity on which the intent to dismiss is based, the date, time and place of such action or activity and the names of the parties involved.]

You have the right to request a pre-termination hearing in order to show cause, if any you can, as to why the intended dismissal should not be imposed by the appointing authority. Such request must be made by completing the attached "Pre-termination Hearing Request Form" and returning it within five (5) working days, excluding the day you receive this notice, to **[the Appointing Authority or Designee, Address]**.

Failure to request and/or attend a scheduled pre-termination hearing on the appointed date may result in a determination that the above described charge is true and the imposition of your dismissal.

This is not notice of final action and does not affect any appeal rights which may accrue in the event of your dismissal.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Pre-termination Hearing Request Form

cc: Secretary, Personnel Cabinet
Personnel File

Example Letter 7a:

-DISMISSAL-

Classified Employee with Status (Placement on Administrative Leave)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

In accordance with KRS 18A.095 (2)(c) and the accompanying Intent to Dismiss notification, upon receipt of this letter you are placed on administrative leave with pay until the **[Agency's]** final action.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Intent to Dismiss Letter

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-DISMISSAL- Classified Employee with Status		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel actions and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325 18A.095	1.	Does the employee have status?	
	2.	Prior to dismissal, was employee notified of the intent to dismiss in writing by the appointing authority or designee? Did the intent to dismiss comply with the foregoing Intent to Dismiss Checklist?	
	3.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the dismissal?	
	<i>Did the letter state:</i>		
	4.	The effective date of the dismissal?	
	5.	The statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are: <ul style="list-style-type: none"> 1:345 Section 1--General Provision. Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. 2:095 Section 2--relating to attendance, hours of work 2:102 Section 2--relating to sick leave 2:102 Section 10--relating to absence without leave Whatever law/regulation that applies must be cited.	
	6.	The specific action or activity on which the dismissal is based?	
	7.	The date, time, and place of the activity on which the dismissal is based?	
	8.	The names of the parties involved?	
	9.	Was the employee informed of the right to appeal the dismissal to the Personnel Board within 60 days after receipt of notice, excluding the date of receipt of notice?	
	10.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	11.	Was the determination to dismiss made within 5 working days of the pre-termination hearing, excluding the day of the hearing?	
	12.	If no request for a pre-termination hearing was received from the employee, did the appointing authority notify the employee that the right to such a hearing had been waived?	
	13.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 8:

-DISMISSAL- **Classified Employee with Status (Dismissal)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear [Name of Employee]:

Having considered all statements made on your behalf during your pre-termination hearing held on [Date], I have determined that the clear weight of the evidence establishes that you committed the charges as outlined in my letter to you dated [Date].

Therefore, based on the authority of KRS 18A.095, you are hereby notified that you are officially dismissed from duty and pay effective [Date].

You are being dismissed from your position for violation of [cite law or regulation violated, such as 101 KAR 1:345, Section 1 (unsatisfactory performance) and 101 KAR 2:095, Section 2 (attendance and hours of work)], for the specific reasons outlined in my letter to you dated [Date], and these reasons are again indicated as follows:

[Specifics of the reasons for the dismissal including the statutory or regulatory violation, specific action or activity on which the dismissal is based, the date, time and place of such action or activity and the names of the parties involved.]

Pursuant to KRS 18A.032, you will not be certified on future registers for employment within [Agency] unless [Agency] so requests.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachments: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-DISMISSAL- Classified Employee without Status (Initial Probation)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325	1.	Is the employee a non-status employee (i.e. they have not completed the period of initial probation)?	
	2.	Did the employee receive notice prior to the end of the initial probationary period that he/she is dismissed from his/her position?	
1:325 (1)	3.	Was the initial probationary period computed from the effective date of appointment to the corresponding date in the sixth month following appointment, or the appropriate month if the period exceeds six months?	
18A.111	4.	Was the employee notified in writing prior to the effective date of the dismissal?	
	5.	Was the notice signed by the appointing authority or authorized designee?	
	6.	Did the notification advise the employee of the effective date of the dismissal?	
18A.095	7.	Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent? <i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i>	
	8.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	9.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 9:

-DISMISSAL-

Classified Employee without Status (Initial Probation)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to KRS 18A.111, you are advised you will be terminated from the position of **[Job Title]**, effective **[Date]**. You shall not be certified on future registers for employment within **[Agency]** unless **[Agency]** so requests.

As an employee serving an initial probationary period as provided by KRS 18A.111, you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center"><u>-DISMISSAL-</u></p> <p align="center">Unclassified Employee (With Cause)</p>		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.095; 3:050 (7)	1.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the dismissal?	
		<i>Did the letter state:</i>	
	2.	The effective date of the dismissal?	
	3.	The specific action or activity on which the dismissal is based?	
	4.	The date, time and place of the action or the activity?	
	5.	The names of the parties involved?	
	6.	Was the employee informed of the right to appeal the dismissal to the Personnel Board within 30 days after the effective date the action?	
	7.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	8.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 10:

-DISMISSAL- **Unclassified Employee (With Cause)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Therefore, based on the authority of KRS 18A.095 and 101 KAR 3:050, you are hereby notified that you are officially dismissed with cause from duty and pay effective **[Date]**.

Based upon review of your employment record and the recommendation of the **[Organizational Unit]**, your dismissal is justified based upon the following specific reason(s):

[Specifics of the reasons for the dismissal including the statutory or regulatory violation, specific action or activity on which the dismissal is based, the date, time and place of such action or activity and the names of the parties involved.]

Pursuant to KRS 18A.032, you will not be certified on future registers for employment within **[Agency]** unless **[Agency]** so requests.

As an unclassified employee dismissed for cause, in accordance with KRS 18A.095, you may appeal this action to the Personnel Board within thirty (30) days after the effective date of the action. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachments: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center"><u>-SEPARATION-</u></p> <p align="center">Unclassified Employee (Without Cause)</p> <ul style="list-style-type: none"> • All Unclassified Employees • Career Status & Prior Merit Status with Reversion Rights • Career Status & Prior Merit Status with Reemployment Rights Only • Career Status & No Prior Merit Status with Reversion Rights Only 		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.095; 3:050 (7)	1.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the separation?	
	2.	Did the notice of separation state the effective date of the separation?	
	3.	<p>Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent</p> <p><i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i></p>	
	4.	<p>Was an appeal form listed as an attachment and attached to the notice?</p> <p><i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i></p>	
	5.	<p>At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at:</p> <p>Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3rd Floor Frankfort, KY 40601</p>	
	6.	<p>Does the employee have career status? If so, please see example letters below for further instruction.</p> <p><i>PLEASE NOTE: An agency should consult with the Personnel Cabinet to determine if an employee has obtained KRS Chapter 18A career status.</i></p>	

Example Letter 11:

-SEPARATION-
Unclassified Employee (Without Cause)
*****All Unclassified Employees*****

****NOTE: If the unclassified employee has career status, utilize Example Letters A, B and C.****

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Please be advised that effective immediately, your services as a **[JOB TITLE]** are no longer needed.

This action is being taken without cause, therefore you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

You will receive separate notice of your rights with respect to maintaining insurance coverage.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

Example Letter 11a:

-SEPARATION-

Unclassified Employee (Without Cause)

*****Career Status & Prior Merit Status with Reversion Rights*****

(i.e. vacant position exists in the classification in which the employee last held merit status)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Please be advised that effective immediately, your services as a **[JOB TITLE]** are no longer needed.

As a career employee with prior merit status in **[CLASS]**, you are reverted to **[POSITION]** at **[WORK SITE]**. You are directed to **[SUPERVISOR]** for assignment of duties on **[DATE]**. Your reversion salary is **[\$___]** per month.

This action is being taken without cause, therefore you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

Example Letter 11b:

-SEPARATION-

Unclassified Employee (Without Cause)

*****Career Status & Prior Merit Status with Reemployment Rights Only*****

(i.e. NO vacant position exists in the classification in which the employee last held merit status)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Please be advised that effective immediately, your services as a **[JOB TITLE]** are no longer needed.

As a career employee with prior merit status in **[CLASS]**, you have additional rights. As there currently is no vacant position in **[CLASS]**, you are not being reverted. However, you do have reemployment rights, which include the right to be considered for any open KRS Chapter 18A merit position for which you qualify with the distinction of a "reemployment candidate."

In order to exercise your reemployment rights you must first contact the Register Branch of the Personnel Cabinet, Division of Career Opportunities at 502.564.8030 to inform them of your intent to utilize your reemployment rights. Second, you must actively seek employment with state government. This means that you must actively apply to all open positions for which you qualify and for which you wish to be considered.

This action is being taken without cause, therefore you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

You will receive a separate notice of your rights with respect to maintaining insurance coverage.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

Example Letter 11c:

-SEPARATION-

Unclassified Employee (Without Cause)

*****Career Status & No Prior Merit Status with Reemployment Rights Only*****

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Please be advised that effective immediately, your services as a **[JOB TITLE]** are no longer needed.

As a career employee with no prior merit service, you have reemployment rights. Reemployment rights include the right to be considered for any open KRS Chapter 18A merit position for which you qualify with the distinction of a "reemployment candidate."

In order to exercise your reemployment rights you must first contact the Register Branch of the Personnel Cabinet, Division of Career Opportunities at 502.564.8030 to inform them of your intent to utilize your reemployment rights. Second, you must actively seek employment with state government. This means that you must actively apply to all open positions for which you qualify and for which you wish to be considered.

This action is being taken without cause, therefore you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

You will receive separate notice of your rights with respect to maintaining insurance coverage.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-INVOLUNTARY TRANSFER-</u> Classified Employee with Status (Same County)		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.111; 1:325	1.	Does the employee have status?	
1:335 (4)	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the transfer?	
	<i>Did the letter state:</i>		
	3.	The employee has been selected for transfer?	
	4.	The employee is required to report to the new work station?	
	5.	The new work station?	
	6.	The reason for the transfer?	
	7.	The effective date of the transfer?	
	8.	Was the involuntary transfer intra-agency only?	
18A.095	9.	Was the employee informed of the right to appeal to the Personnel Board within sixty (60) days of receipt of notice of transfer, excluding the date of receipt of notice?	
	10.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	11.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 12:

-INVOLUNTARY TRANSFER- **Classified Employee with Status (Same County)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Effective beginning of business **[Date]** you are transferred from your current position of **[Job Title]**, **[Position Number]**, or **[Location]** to **[Job Title]**, **[Position Number]**, or **[Location]**.

This transfer has been recommended by the **[Organizational Unit]** due to the following reason:

Example Only:

[This transfer has been recommended by the Division of Food Testing of the Department for Sanitation due to the over-staffing in the region in which you are presently assigned. The number of dairy farms, processing plants and receiving/transfer stations has substantially reduced the workload. Additionally, the "Whole Milk Review Program" will, when completed in August, 2009, reduce dairy farms in Kentucky by 399. As a result of this workload reduction, staff positions within the Control Branch have also been reduced or adjusted statewide to reflect shifts and changes in work requirements.]

You are obligated to report to your new work station on the effective date of this involuntary transfer.

In accordance with KRS 18A.095, as a classified employee with status you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-INVOLUNTARY TRANSFER-</u> Classified Employee with Status (Different County)		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.111; 1:325	1.	Does the employee have status?	
1:335(4)	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the transfer?	
	<i>Did the letter state:</i>		
	3.	The employee has been selected for transfer?	
	4.	The employee is required to report to the new work station?	
	5.	The new work station?	
	6.	The reason for the transfer?	
	7.	The effective date of the transfer?	
	8.	Did the employee receive notice of the transfer at least 30 days prior to the effective date of the transfer?	
	9.	Did the employee receive notice of right to reimbursement of travel expenses incurred within thirty (30) days of the effective date of the notice?	
	10.	Was the involuntary transfer intra-agency only?	
18A.095	11.	Was the employee informed of the right to appeal to the Personnel Board within sixty (60) days of receipt of notice of transfer, excluding the date of receipt of notice?	
	12.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	13.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 13:

-INVOLUNTARY TRANSFER- **Classified Employee with Status (Different County)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Effective beginning of business **[Date]** you are transferred from your current position of **[Job Title]**, **[Position Number]**, or **[Location]** to **[Job Title]**, **[Position Number]**, or **[Location]**.

This transfer has been recommended by the **[Organizational Unit]** due to the following reason:

EXAMPLE ONLY:

[This transfer has been recommended by the Division of Food Testing of the Department for Sanitation due to the over-staffing in the region in which you are presently assigned. The number of dairy farms, processing plants and receiving/transfer stations has substantially reduced the workload. Additionally, the "Whole Milk Review Program" will, when completed in August, 2009, reduce dairy farms in Kentucky by 399. As a result of this workload reduction, staff positions within the Control Branch have also been reduced or adjusted statewide to reflect shifts and changes in work requirements.]

You are obligated to report to your new work station on the effective date of this involuntary transfer. Pursuant to 101 KAR 1:335, you shall be reimbursed for travel expenses incurred within thirty (30) days of the effective date of this notice.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-INVOLUNTARY TRANSFER-</u> Unclassified Employee (Same County)		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
	1.	Was the employee notified in writing, signed by the appointing authority or authorized designee, prior to the effective date of the transfer?	
	<i>Did the letter state:</i>		
	2.	The employee is required to report to the new work station?	
	3.	The new work station?	
	4.	The effective date of the transfer?	
18A.095	5.	<p>Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent?</p> <p><i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i></p>	
	6.	<p>Was an appeal form listed as an attachment and attached to the notice?</p> <p><i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i></p>	
	7.	<p>At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at:</p> <p>Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3rd Floor Frankfort, KY 40601</p>	

Example Letter 14:

-INVOLUNTARY TRANSFER- **Unclassified Employee (Same County)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Effective beginning of business **[Date]** you are transferred from your current position of **[Job Title]**, **[Position Number]**, or **[Location]** to **[Job Title]**, **[Position Number]**, or **[Location]**. You should report to your new position on **[Same effective date as above]**.

The reason for this transfer is **[State reason here]**. The basis for your selection for this transfer is **[State reasonable basis for selection here]**.

As an employee without status under the merit system, you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-INVOLUNTARY TRANSFER-</u> Unclassified Employee (Different County)		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
	1.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the transfer?	
	<i>Did the letter state:</i>		
	2.	The employee is required to report to the new work station?	
	3.	The new work station?	
	4.	The effective date of the transfer?	
18A.095	5.	<p>Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent?</p> <p><i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i></p>	
	6.	<p>Was an appeal form listed as an attachment and attached to the notice?</p> <p><i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i></p>	
	7.	<p>At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at:</p> <p>Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3rd Floor Frankfort, KY 40601</p>	

Example Letter 15:

-INVOLUNTARY TRANSFER- **Unclassified Employee (Different County)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Effective beginning of business **[Date]** you are transferred from your current position of **[Job Title]**, **[Position Number]**, or **[Location]** to **[Job Title]**, **[Position Number]**, or **[Location]**. You are obligated to report to your new work station on the effective date of this involuntary transfer.

As an employee without status under the merit system, you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-REVERSION-</u> Classified Employee with Status (Detail)		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
2:076, Section 2	1.	Does the employee have status in the former position?	
	2.	Was the employee notified in writing, signed by the appointing authority or authorized designee, prior to the effective date of the reversion?	
	<i>Did the letter state:</i>		
	3.	The effective date of reversion?	
2:034, Section 3	4.	The change in the employee's salary, if applicable?	
	5.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 16:

-REVERSION- **Classified Employee with Status (Detail)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to 101 KAR 2:076, Section 2, you were detailed to the position of **[Detailed Job Title]** for a period not to exceed one (1) year. You will be reverted to your former position of **[Job Title]** effective **[Date]** because your detail is complete. In accordance with 101 KAR 2:034, Section 3, your salary will be adjusted from your current rate of **[\$]** to your prior salary of **[\$]** plus any salary advancements that would have been awarded had the detail not occurred.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-REVERSION-</u> Unclassified Employee (Detail)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:050, Section 5	1.	Is the employee an unclassified employee?	
3:045, Section 3	2.	Was the employee notified in writing, signed by the appointing authority or authorized designee, prior to the effective date of the reversion?	
	<i>Did the letter state:</i>		
	3.	The effective date of the reversion?	
	4.	The change in the employee's salary, if applicable?	
	5.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 17:

-REVERSION- **Unclassified Employee (Detail)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to 101 KAR 3:050, Section 5, you were detailed to the position of **[Detailed Job Title]** for a period not to exceed one (1) year. You will be reverted to your former position of **[Job Title]** effective **[Date]** because your detail is complete. In accordance with 101 KAR 3:045, Section 3, your salary will be adjusted from your current rate of **[\$]** to your prior salary of **[\$]** plus any salary advancements that would have been awarded had the detail not occurred.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	-REVERSION- Classified Employee with Status (Promotional Probation)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325 (2)	1.	Does the employee have status in the former position?	
	2.	Was the employee notified in writing, signed by the appointing authority or authorized designee, prior to the effective date of the reversion?	
	<i>Did the letter state:</i>		
18A.095	3.	The effective date of reversion?	
	4.	Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent? <i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i>	
	5.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	6.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 18:

-REVERSION-

Classified Employee with Status (Promotional Probation)

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to KRS 18A.111 and 101 KAR 1:325, Section 2, you will be reverted to your former position of **[Job Title]** effective **[Date]** because you have failed to satisfactorily complete your promotional probationary period. In accordance with 101 KAR 2:034, Section 3, your salary will be reduced from your current rate of **[\$]** to your prior salary of **[\$]** plus any salary advancements that would have been awarded had the promotion not occurred.

As an employee serving on promotional probation pursuant to KRS 18A.111, you do not have the right to appeal this reversion action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Placement on Sick Leave by Personnel Action- Classified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
2:102, Section 2	1.	Is the employee a classified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the sick leave by personnel action?	
	<i>Did the letter state:</i>		
	3.	The effective date of the placement on sick leave by personnel action?	
	4.	That employee has been on sick leave without pay for thirty (30) continuous calendar days, including holidays? NOTE: For employees utilizing unpaid Family and Medical Leave- An employee's entitlement to thirty (30) continuous calendar days of sick leave without pay runs concurrently with unpaid family and medical leave. An employee is not entitled to an additional thirty (30) calendar days of sick leave without pay if he or she has already used thirty (30) days of unpaid family and medical leave.	
	5.	That sick leave by personnel action shall not exceed one (1) year?	
	6.	That medical statements may be required?	
	7.	That employee must notify appointing authority of ability to resume duties in the next calendar year?	
	8.	That the employee will be returned to original position or a position for which he or she is qualified that resembles his or her former position as closely as circumstances permit?	
	9.	That a medical statement certifying ability to return to work may be required?	
	10.	That sick leave by personnel action shall not be renewable once an employee has been medically certified as able to return to work?	
1:345 (3)	11.	At the time of notification, was a copy of the notice sent to the Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 19a

-SICK LEAVE BY PERSONNEL ACTION- **Placement on Sick Leave by Personnel Action: Classified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

Pursuant to 101 KAR 2:102, Section 2, you are advised that you will be placed on sick leave by personnel action effective beginning of business **[Date]**. On **[Date – 30 days prior]**, you exhausted your paid leave¹. Since that date, you have been absent from work on sick leave without pay for thirty (30) continuous calendar days, including holidays. As a result, on **[Date]** you will be officially placed on sick leave without pay by personnel action.

Sick leave by personnel action shall not exceed one (1) calendar year. You may be required to provide statements during the year from an appropriate medical health professional attesting to your continued inability to perform the essential functions of your duties with or without reasonable accommodation.

You must notify your appointing authority if you are able to resume your duties in the next calendar year. Upon receipt of notice, you will be returned to your original position or to a position for which you are qualified and which resembles your former position as closely as circumstances permit. A medical statement certifying your ability to return to work may be required. Sick leave by personnel action shall not be renewable after you have been medically certified as able to return to work.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

¹ NOTE: This will vary slightly for an employee utilizing unpaid Family and Medical Leave (FML). An employee is entitled to 12 weeks of FML. This FML leave can be paid or unpaid. Once an employee has exhausted their FML entitlement and has been in unpaid status for the last 30 consecutive calendar days, they should be placed on sick leave by personnel action. In that instance, the letter should state: "You have also exhausted your Family and Medical Leave Entitlement. You have also been absent from work on sick leave without pay for thirty (30) continuous calendar days, including holidays. As a result, on ____ you will officially be placed on sick leave without pay by personnel action." In other words, an employee is not entitled to an additional 30 calendar days of unpaid sick leave after the expiration of unpaid FML- the 30 calendar day sick leave without pay entitlement runs concurrently with unpaid FML.

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Placement on Sick Leave by Personnel Action- Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:015, Section 2	1.	Is the employee an unclassified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the sick leave by personnel action?	
	<i>Did the letter state:</i>		
	3.	The effective date of the placement on sick leave by personnel action?	
	4.	That employee has been on sick leave without pay for thirty (30) continuous calendar days, including holidays? NOTE: For employees utilizing unpaid Family and Medical Leave- An employee's entitlement to thirty (30) continuous calendar days of sick leave without pay runs concurrently with unpaid family and medical leave. An employee is not entitled to an additional thirty (30) calendar days sick leave without pay if he or she has already used thirty (30) days of unpaid family and medical leave.	
	5.	That sick leave by personnel action shall not exceed one (1) year?	
	6.	That medical statements may be required?	
	7.	That employee must notify appointing authority of ability to resume duties in the next calendar year?	
	8.	That the employee will be returned to original position or a position for which he or she is qualified that resembles his or her former position as closely as circumstances permit?	
	9.	That a medical statement certifying ability to return to work may be required?	
	10.	That sick leave by personnel action shall not be renewable once an employee has been medically certified as able to return to work?	
1:345 (3)	11.	At the time of notification, was a copy of the notice sent to the Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 19b

-SICK LEAVE BY PERSONNEL ACTION- **Placement on Sick Leave by Personnel Action: Unclassified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

Pursuant to 101 KAR 3:015, Section 2, you are advised that you will be placed on sick leave by personnel action effective beginning of business **[Date]**. On **[Date – 30 days prior]**, you exhausted your paid leave². Since that date, you have been absent from work on sick leave without pay for thirty (30) continuous calendar days, including holidays. As a result, on **[Date]** you will be officially placed on sick leave without pay by personnel action.

Sick leave by personnel action shall not exceed one (1) calendar year. You may be required to provide statements during the year from an appropriate medical health professional attesting to your continued inability to perform the essential functions of your duties with or without reasonable accommodation.

You must notify your appointing authority if you are able to resume your duties in the next calendar year. Upon receipt of notice, you will be returned to your original position or to a position for which you are qualified and which resembles your former position as closely as circumstances permit. A medical statement certifying your ability to return to work may be required. Sick leave by personnel action shall not be renewable after you have been medically certified as able to return to work.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

² NOTE: This will vary slightly for an employee utilizing unpaid Family and Medical Leave (FML). An employee is entitled to 12 weeks of FML. This FML leave can be paid or unpaid. Once an employee has exhausted their FML entitlement and has been in unpaid status for the last 30 consecutive calendar days, they should be placed on sick leave by personnel action. In that instance, the letter should state: "You have also exhausted your Family and Medical Leave Entitlement. You have also been absent from work on sick leave without pay for thirty (30) continuous calendar days, including holidays. As a result, on ____ you will officially be placed on sick leave without pay by personnel action." In other words, an employee is not entitled to an additional 30 calendar days of unpaid sick leave after the expiration of unpaid FML- the 30 calendar day sick leave without pay entitlement runs concurrently with unpaid FML.

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Return from Sick Leave by Personnel Action- Classified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
2:102, Section 2	1.	Is the employee a classified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the return?	
	<i>Did the letter state:</i>		
	3.	The effective date of the return?	
	4.	The position to which the employee is being returned?	
	5.	The employee's salary upon return to work?	
1:345 (3)	6.	At the time of notification, was a copy of the notice sent to the Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 20a

-SICK LEAVE BY PERSONNEL ACTION-

Return from Sick Leave by Personnel Action: Classified Employee

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

You have notified your appointing authority of your ability and intent to resume your duties. Medical documentation you provided indicates that you are able to perform the essential functions of your duties with or without accommodation.

Pursuant to 101 KAR 2:102, Section 2, you are advised that effective **[Date]**, you shall resume duties as a **[Position/classification to which employee is being returned]**. Your salary upon your return will be **[Salary]**.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Return from Sick Leave by Personnel Action- Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:015, Section 2	1.	Is the employee an unclassified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the return?	
	<i>Did the letter state:</i>		
	3.	The effective date of the return?	
	4.	The position to which the employee is being returned?	
	5.	The employee's salary upon return to work?	
1:345 (3)	6.	At the time of notification, was a copy of the notice sent to the Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 20b

-SICK LEAVE BY PERSONNEL ACTION-

Return from Sick Leave by Personnel Action: Unclassified Employee

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

You have notified your appointing authority of your ability and intent to resume your duties. Medical documentation you provided indicates that you are able to perform the essential functions of your duties with or without accommodation.

Pursuant to 101 KAR 3:015, Section 2, you are advised that effective **[Date]**, you shall resume duties as a **[Position/classification to which employee is being returned]**. Your salary upon your return will be **[Salary]**.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Secretary, Personnel Cabinet
Personnel File

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Ten Day Notice- Classified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
2:102, Section 2	1.	Is the employee a classified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, at least ten (10) days prior to the expiration of sick leave by personnel action?	
	<i>Did the letter state:</i>		
	3.	The date of expiration of sick leave by personnel action?	
	4.	That employee is required to provide medical statement certifying ability to return to work with or without reasonable accommodation?	
	5.	That, if employee is not able to return to former position, employee will receive priority consideration for any vacant, budgeted position with the same agency, for which employee is qualified and is capable of performing its essential functions with or without reasonable accommodation?	
	6.	That employee shall be deemed resigned from position if unable to return to work?	
	7.	That employee may request to appear before appointing authority to discuss alternative accommodations within five (5) working days?	

Example Letter 21a

-SICK LEAVE BY PERSONNEL ACTION- **Ten Day Notice: Classified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]- EMPLOYEE MUST BE NOTIFIED AT LEAST 10 DAYS PRIOR TO THE EXPIRATION OF LEAVE

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]:**

Pursuant to 101 KAR 2:102, Section 2, you are formally requested to return to work and resume your duties by beginning of business **[Date of expiration of leave]**. As of that date, you will have exhausted your unpaid sick leave by personnel action entitlement of one (1) calendar year.

You are required to provide a medical statement certifying your ability to perform the essential functions of your position with or without reasonable accommodation. If you are unable to return to your former position, you will be given priority consideration for any vacant, budgeted position within your employing agency for which you are qualified and capable of performing its essential functions with or without reasonable accommodation.

If you are unable to return to your former position and no reasonable alternative is available you shall be deemed resigned from your employment pursuant to 101 KAR 2:102, Section 2. You may request to appear before the appointing authority, personally or with counsel if you have retained counsel, to reply to **[Agency]** with respect to this notice and to propose alternative accommodations. Such request must be made within five (5) working days, excluding the day you receive this notice.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Personnel File

	<u>-SICK LEAVE BY PERSONNEL ACTION-</u>		
KRS & KAR REFERENCE	Ten Day Notice- Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:015, Section 2	1.	Is the employee an unclassified employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, at least ten (10) days prior to the expiration of sick leave by personnel action?	
	<i>Did the letter state:</i>		
	3.	The date of expiration of sick leave by personnel action?	
	4.	That employee is required to provide medical statement certifying ability to return to work with or without reasonable accommodation?	
	5.	That, if employee is not able to return to former position, employee will receive priority consideration for any vacant, budgeted position with the same agency, for which employee is qualified and is capable of performing its essential functions with or without reasonable accommodation?	
	6.	That employee shall be deemed resigned from position if unable to return to work?	
	7.	That employee may request to appear before appointing authority to discuss alternative accommodations within five (5) working days?	

Example Letter 21b

SICK LEAVE BY PERSONNEL ACTION- **Ten Day Notice: Unclassified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]- EMPLOYEE MUST BE NOTIFIED AT LEAST 10 DAYS PRIOR TO THE EXPIRATION OF LEAVE

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

Pursuant to 101 KAR 3:015, Section 2, you are formally requested to return to work and resume your duties by beginning of business **[Date of expiration of leave]**. As of that date, you will have exhausted your unpaid sick leave by personnel action entitlement of one (1) calendar year.

You are required to provide a medical statement certifying your ability to perform the essential functions of your position with or without reasonable accommodation. If you are unable to return to your former position, you will be given priority consideration for any vacant, budgeted position within your employing agency for which you are qualified and capable of performing its essential functions with or without reasonable accommodation.

If you are unable to return to your former position and no reasonable alternative is available you shall be deemed resigned from your employment pursuant to 101 KAR 3:015, Section 2. You may request to appear before the appointing authority, personally or with counsel if you have retained counsel, to reply to **[Agency]** with respect to this notice and to propose alternative accommodations. Such request must be made within five (5) working days, excluding the day you receive this notice.

Sincerely,

[Appointing Authority or Authorized Designee]

cc: Personnel File

KRS & KAR REFERENCE	<u>-SICK LEAVE BY PERSONNEL ACTION-</u> Notice of Resignation-Classified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel actions and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
2:102, Section 2	1.	Is the employee a classified employee?	
	2.	At least ten (10) days prior to the resignation, did the employee receive a request, in writing by the appointing authority or designee, to return to work?	
	3.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the resignation?	
	<i>Did the letter state:</i>		
	4.	The effective date of the resignation?	
	5.	That no vacant, budgeted position for which employee is qualified and capable of performing its essential functions exists within the employing agency?	
	6.	Was the employee informed of the right to appeal the resignation to the Personnel Board within 60 days after receipt of notice, excluding the date of receipt of notice?	
	7.	Was an appeal form listed as an attachment and attached to the notice?	
		<i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
1:345(3)	8.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 22a

-SICK LEAVE BY PERSONNEL ACTION- **Notice of Resignation: Classified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

Pursuant to 101 KAR 2:102, Section 2, you have exhausted your one (1) calendar year entitlement to unpaid sick leave by personnel action. Previously, you were formally requested to return to work and resume duties by beginning of business **[Date of expiration of leave]**. As of that date, you were unable to return to your former position. Further, no vacant, budgeted position for which you are qualified and capable of performing its essential functions exists within your employing agency. As a result, effective beginning of business **[Date]**, you are officially deemed resigned from your position.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-SICK LEAVE BY PERSONNEL ACTION-</u> Notice of Resignation-Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel actions and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:015, Section 2	1.	Is the employee an unclassified employee?	
	2.	At least ten (10) days prior to the resignation, did the employee receive a request, in writing by the appointing authority or designee, to return to work?	
	3.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the resignation?	
	<i>Did the letter state:</i>		
	4.	The effective date of the resignation?	
	5.	That no vacant, budgeted position for which employee is qualified and capable of performing its essential functions exists within the employing agency?	
	6.	Was the employee informed of the right to appeal the resignation to the Personnel Board within 30 days after the effective date the action?	
	7.	Was an appeal form listed as an attachment and attached to the notice?	
		<i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
1:345(3)	8.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 22b

-SICK LEAVE BY PERSONNEL ACTION- **Notice of Resignation: Unclassified Employee**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee Address]

[Employee's PERNR]

Dear **[Employee Name]**:

Pursuant to 101 KAR 3:015, Section 2, you have exhausted your one (1) calendar year entitlement to unpaid sick leave by personnel action. Previously, you were formally requested to return to work and resume duties by beginning of business **[Date of expiration of leave]**. As of that date, you were unable to return to your former position. Further, no vacant, budgeted position for which you are qualified and capable of performing its essential functions exists within your employing agency. As a result, effective beginning of business **[Date]**, you are officially deemed resigned from your position.

As an employee without status under the merit system, you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-SPECIAL LEAVE WITH PAY FOR INVESTIGATIVE PURPOSES-</u> Classified Employee (With or Without Status)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
2:102 (9) 18A.095	1.	Was the leave approved by the Secretary of the Personnel Cabinet prior to the issuance of the notice to the employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the leave if practicable?	
	3.	Was the placement on leave without pay for a period of 60 or fewer working days?	
	<i>Did the letter state:</i>		
	4.	That the employee is being placed on leave?	
	5.	The reasons therefor?	
	6.	That if the investigation reveals no misconduct, that records relating to the investigation shall be purged from the agency and Personnel Cabinet files?	
	7.	Was the employee informed of the right to appeal to the Personnel Board within 60 days after receipt of notice, excluding the date of receipt of notice?	
	8.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	9.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 23:

-SPECIAL LEAVE WITH PAY FOR INVESTIGATION PURPOSES- **Classified Employee (With or Without Status)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear [Name of Employee]:

Pursuant to 101 KAR 2:102, Section 9, you will be placed on special leave with pay for a period not to exceed sixty (60) working days effective [Date], pending further investigation of the allegations of misconduct, specifically:

[Alleged Misconduct- Be brief but provide enough information so as to put the employee on notice of the general nature of the allegations].

Example Only: [On Thursday, August 13, 2012, at approximately 8:10 am, while on duty as a Job Title, you were arrested by Kentucky State Police Detective ____ at Location, for unlawfully taking money from the premises.]

You will be further notified of the outcome of this investigation and of any disciplinary action taken as a result of this investigation. If the investigation reveals no misconduct by you, all records relating to the investigation will be purged from the [Organizational Unit] and Personnel Cabinet files.

If these allegations are supported by the investigation, your actions would be in violation of [Relevant Statute and/or Section, internal policies/procedures. Etc...].

During this period of special leave of absence, you will not be allowed admittance to any [Name of Cabinet] facilities, including specifically all [Organizational Unit] offices, unless you have been scheduled an appointment.

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

In accordance with KRS 18A.095, you may have a right to appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

Recommended for Approval:

Personnel Cabinet
Office of Legal Services

Approved:

Secretary,
Personnel Cabinet

KRS & KAR REFERENCE	<u>-SPECIAL LEAVE WITH PAY FOR INVESTIGATIVE PURPOSES-</u> Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
3:015 (9)	1.	Was the leave approved by the Secretary of the Personnel Cabinet prior to the issuance of the notice to the employee?	
	2.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the leave if practicable?	
	3.	Was the placement on leave without pay for a period of 60 or fewer working days?	
	<i>Did the letter state:</i>		
	4.	That the employee is being placed on leave?	
	5.	The reasons therefor?	
	6.	That if the investigation reveals no misconduct, that records relating to the investigation shall be purged from the agency and Personnel Cabinet files?	
18A.095	7.	Was the employee informed of the right to appeal to the Personnel Board within 30 days after the effective date of the action?	
	8.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	9.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 24:

-SPECIAL LEAVE WITH PAY FOR INVESTIGATION PURPOSES-

Unclassified Employee

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to 101 KAR 3:015, Section 9, you will be placed on special leave with pay for a period not to exceed sixty (60) working days effective **[Date]**, pending further investigation of the allegations of misconduct, specifically:

[Alleged Misconduct-Be brief but provide enough information so as to put the employee on notice of the general nature of the allegations].

Example Only

[On Thursday, August 13, 2012, at approximately 8:10 am, while on duty as a Job Title, you were arrested by Kentucky State Police Detective ____ at Location, for unlawfully taking money from the premises.]

You will be further notified of the outcome of this investigation and of any disciplinary action taken as a result of this investigation. If the investigation reveals no misconduct by you, all records relating to the investigation will be purged from the **[Organizational Unit]** and Personnel Cabinet files.

If these allegations are supported by the investigation, your actions would be in violation of **[Relevant Statute and/or Section, internal policies/procedures. Etc...]**.

During this period of special leave of absence, you will not be allowed admittance to any **[Name of Cabinet]** facilities, including specifically all **[Organizational Unit]** offices, unless you have been scheduled an appointment.

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

In accordance with KRS 18A.095, you may have a right to appeal this action to the Personnel Board within thirty (30) days after the effective date of the action. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

Recommended for Approval:

Personnel Cabinet
Office of Legal Services

Approved:

Secretary,
Personnel Cabinet

KRS & KAR REFERENCE	<u>-SUSPENSION-</u> Classified Employee with Status		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325	1.	Does the employee have status?	
1:345 (4)	2.	Was the suspension thirty working days or less?	
18A.095	3.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the suspension?	
	<i>Did the letter state:</i>		
	4.	The effective date of the suspension?	
	5.	The specific reason for the suspension, including the statutory or regulatory violation? Examples of statutes or regulations that may relate to the action are: <ul style="list-style-type: none"> • 1:345 Section 1--General Provision. Appointing authorities may discipline employees for lack of good behavior or the unsatisfactory performance of duties. • 2:095 Section 2--relating to attendance, hours of work • 2:102 Section 2--relating to sick leave • 2:102 Section 10--relating to absence without leave Whatever law/regulation that applies must be cited.	
	6.	The specific action or activity on which the suspension is based?	
	7.	The date, time and place of the action or activity?	
	8.	The name of the parties involved?	
	9.	Was the employee informed of the right to appeal the suspension to the Personnel Board within 60 days after receiving notice, excluding the date of receipt of notice?	
	10.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	11.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 25:

-SUSPENSION- **Classified Employee with Status**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear [Name of Employee]:

Pursuant to 18A.095 you are notified that you are suspended from duty and pay for a period of ____ working days, effective beginning of business on [Date], through the close of business on [Date]. The days you are scheduled to be off work during this time period are [Specify]. You are to return to work at your regularly scheduled time on [Date].

Pursuant to [cite law or regulation violated, such as 101 KAR 1:345, Section 1 (unsatisfactory performance) and 101 KAR 2:095, Section 2 (attendance and hours of work)], you are being suspended from your position as [Job Title], in the [Organizational Unit], for the following reason:

[Specifics of the reason for the suspension including the statutory or regulatory violation, the specific actions or activity on which the suspension is based, the date, time and place of the action or activity and the names of the parties involved.]

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

In accordance with KRS 18A.095, you may appeal this action to the Personnel Board within sixty (60) days after receipt of this notice, excluding the date notification is received. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-SUSPENSION-</u> Classified Employee without Status (Initial Probation)		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.111; 1:325	1.	Is the employee on initial probation?	
1:345 (4)	2.	Was the suspension thirty working days or less?	
18A.095	3.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the suspension?	
	<i>Did the letter state:</i>		
	4.	The effective date of the suspension?	
	5.	The specific action or activity on which the suspension is based?	
	6.	The date, time and place of the action or activity?	
	7.	The name of the parties involved?	
	8.	Was the employee informed that he/she does not have the right to appeal this action to the Kentucky Personnel Board, but may file a claim of discrimination with the Personnel Board within thirty (30) days, excluding the date the notification of the action was sent? <i>PLEASE NOTE: If an agency hand-delivers the notification, the claim of discrimination must be filed within thirty (30) days after receipt of the notice, excluding the date of receipt.</i>	
	9.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
1:345 (4)	10.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 26:

-SUSPENSION- **Classified Employee without Status (Initial Probation)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]**:

Pursuant to KRS 18A.095 and 101 KAR 1:345, Section 4, you are advised that you will be suspended without pay for cause from your position as **[Job Title]** for **[Number]** working days effective beginning of business **[Date]** to close of business **[Date]**. The days you are scheduled to be off work during this time period are **[Specify]**. You are to return to work at your regularly scheduled time on **[Date]**.

You are suspended for violation of **[cite law or regulation violated, such as 101 KAR 1:345, Section 1 (unsatisfactory performance) and 101 KAR 2:095, Section 2 (attendance and hours of work)]** specified as follows:

[Specifics of the reason for the suspension including the statutory or regulatory violation, the specifications or activity on which the suspension is based, the date, time and place of the action or activity and the names of the parties involved.]

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

As an employee without status under the merit system, pursuant to 101 KAR 1:345 you do not have the right to appeal this action to the Kentucky Personnel Board. However, KRS 18A.095 provides that you may file a claim of discrimination with the Kentucky Personnel Board if you believe the action was based on unlawful discrimination. In accordance with KRS 18A.095, any claim of discrimination must be filed within thirty (30) days, excluding the date notification is sent. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<p align="center"><u>-SUSPENSION-</u></p> <p align="center">Unclassified Employee (With Cause)</p>		
	#	Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.	Yes/No (Y/N)
18A.095	1.	Was the employee notified in writing, signed by the appointing authority or designee, prior to the effective date of the suspension?	
	<i>Did the letter state:</i>		
	2.	The effective date of the suspension?	
	3.	The specific action or activity on which the suspension is based?	
	4.	The date, time and place of the action or activity?	
	5.	The names of the parties involved?	
	6.	Was the employee informed of the right to appeal the suspension to the Personnel Board within 30 days after the effective date of the action?	
	7.	Was an appeal form listed as an attachment and attached to the notice? <i>PLEASE NOTE: An Appeal Form MUST be attached to the notice given to the employee but is not required back-up documentation for the official personnel file.</i>	
	8.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 27:

-SUSPENSION- **Unclassified Employee (With Cause)**

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear **[Name of Employee]:**

Pursuant to 18A.095 you are notified that you are suspended from duty and pay for a period of ____ working days, effective beginning of business on **[Date]**, through the close of business on **[Date]**. The days you are scheduled to be off work during this time period are **[Specify]**. You are to return to work at your regularly scheduled time on **[Date]**.

You are being suspended from your position as **[Job Title]**, in the **[Organizational Unit]**, for the following reason:

[Specifics of the reasons for the suspension including the statutory or regulatory violation, specific action or activity on which the suspension is based, the date, time and place of such action or activity and the names of the parties involved.]

For your information, the Kentucky Employee Assistance Program (KEAP) is a voluntary and confidential assessment and referral service for state employees. This service may help you with any personal problems that may be affecting your job performance. KEAP can be reached at (800) 445-5327 or (502) 564-5788.

As an unclassified employee penalized for cause, in accordance with KRS 18A.095, you may appeal this action to the Personnel Board within thirty (30) days after the effective date of the action. Such appeal must be filed in writing using the attached appeal form and in the manner prescribed on the form.

Sincerely,

[Appointing Authority or Authorized Designee]

Attachment: Appeal Form

cc: Secretary, Personnel Cabinet
Personnel File

KRS & KAR REFERENCE	<u>-WRITTEN REPRIMAND-</u> Classified Employee (With or Without Status) and Unclassified Employee		
	#	<i>Checklist of items required by personnel regulations as related to disciplinary letters, personnel action and associated documents. An answer of "No" (N) to any question may indicate there is a compliance problem.</i>	Yes/No (Y/N)
18A.020	1.	Is the employee's pernr indicated on the reprimand? (This is for administrative convenience in assuring that the document is routed to the correct file.)	
	2.	Was the reprimand signed by the appointing authority, or designee, an intermediate supervisor, a division director, or employee's supervisor?	
	3.	Was the reprimand documented in detail?	
	4.	Does the reprimand include notice to the employee of his or her right to respond in writing to the reprimand?	
	5.	Does the reprimand advise the employee that the reprimand, documentation and response will be placed in the personnel file?	
	6.	At the time of notification, was a copy of the notice sent to Secretary of the Personnel Cabinet at: Personnel Administration Branch Department of Human Resources Administration Personnel Cabinet 501 High Street, 3 rd Floor Frankfort, KY 40601	

Example Letter 28:

-WRITTEN REPRIMAND-

Classified Employee (With or Without Status) and Unclassified Employee

[THIS DOCUMENT SHOULD SERVE ONLY AS AN EXAMPLE LETTER. PLEASE COPY THE TEXT BELOW AND PASTE IT ONTO YOUR AGENCY'S LETTERHEAD. COMPLETE THE FIELDS WITH THE APPROPRIATE INFORMATION AND OBTAIN THE NECESSARY SIGNATURES BEFORE DELIVERY.]

[Date]

[Employee's Address]

[Employee's PERNR]

Dear [Name of Employee]:

[Documentation of the written reprimand in detail included here.]

According to KRS 18A.020, you may, if you choose, respond to this reprimand in writing. A copy of your response will be placed with the reprimand and the supporting documentation in your personnel file in this agency and your personnel file maintained by the Personnel Cabinet. A written reprimand, in and of itself, is not an appealable penalization.

Sincerely,

[Appointing Authority or Authorized Designee, Intermediate Supervisor, Division Director, or Immediate Supervisor]

cc: Personnel File

APPENDIX: FORM A

Revised 12-15-94

KENTUCKY PERSONNEL BOARD**APPEAL FORM*******ALL APPEALS TO THE PERSONNEL BOARD MUST BE ON THIS FORM*****

This appeal to the Kentucky Personnel Board is hereby filed pursuant to the provisions of KRS Chapter 18A. The following information is provided as required by law.

For Official Use Only

NAME:	_____	_____	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	(SOC. SEC. NO.)
HOME ADDRESS:	_____				
	(STREET)	(CITY)	(STATE)	(ZIP CODE)	
WORK STATION ADDRESS:	_____				
	(STREET)	(CITY)	(STATE)	(ZIP CODE)	
HOME PHONE NO:	_____		WORK STATION PHONE NO:	_____	
CABINET OR AGENCY:	_____				
NAME OF APPOINTING AUTHORITY:	_____				

REPRESENTED BY ATTORNEY:	<input type="checkbox"/> NO	<input type="checkbox"/> YES
ATTORNEY'S NAME, ADDRESS AND PHONE NO:	_____	

I AM A:	<input type="checkbox"/> Classified employee	<input type="checkbox"/> Unclassified employee
	<input type="checkbox"/> Applicant for employment	<input type="checkbox"/> Eligible on register

I AM APPEALING THE FOLLOWING ACTIONS: (Check appropriate box or boxes)		
<input type="checkbox"/> DISMISSAL	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> SUSPENSION
<input type="checkbox"/> DISCIPLINARY FINE	<input type="checkbox"/> INVOLUNTARY TRANSFER	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> EMPLOYEE EVALUATION	<input type="checkbox"/> REALLOCATION	<input type="checkbox"/> RECLASSIFICATION
<input type="checkbox"/> APPLICANT REJECTION	<input type="checkbox"/> DENIED, ABRIDGED OR	<input type="checkbox"/> DISCRIMINATION Circle those
<input type="checkbox"/> REMOVAL FROM REGISTER	IMPEDED RIGHT TO INSPECT OR	that apply [race, color, religion, ethnic
	COPY RECORDS	origin, sex, disability, political, age
		(over 40)]
<input type="checkbox"/> OTHER PENALIZATION (Specify): _____		

CLASSIFIED, ELIGIBLE OR APPLICANT, PREPARE THIS SECTION

The following is a short, plain, and concise statement of the facts which relate to the action I am appealing:

UNCLASSIFIED EMPLOYEE, PREPARE THIS SECTION

The following is a short, plain, and concise statement of reason or cause given for dismissal or other penalization:

DATE OF RECEIPT OF NOTICE OF APPEALED ACTION: (Attach a copy of any written notice which you received relating to this Appeal.) _____

--

SIGNATURE

DATE

ATTORNEY'S SIGNATURE (if any)

DATE

For Official Use Only

THIS FORM IS TO BE MAILED OR DELIVERED TO:

KENTUCKY PERSONNEL BOARD
28 FOUNTAIN PLACE
FRANKFORT, KENTUCKY 40601

APPENDIX: FORM B



PRE-TERMINATION HEARING REQUEST FORM

INSTRUCTIONS:

As an employee who has been notified by the appointing authority of the intent to dismiss you, you have the right to appeal personally, or with counsel if you have retained counsel, at a pre-termination hearing to reply to the cabinet or agency head or his deputy or the appointing authority concerning the charge contained in the notice of intent to dismiss.

If you wish to request a pre-termination hearing, you must complete this form and submit it to the appointing authority (i.e., the person who signed the notice of intent to dismiss letter) within five (5) working days after you received the notice of intent to dismiss, excluding the day you received notification.

If you do not complete this form and submit it to the appointing authority within five (5) working days after you received the notice of intent to dismiss, it will be deemed that you have waived your right to a pre-termination hearing.

If you request a pre-termination hearing, the appointing authority will hold a pre-termination hearing within six (6) working days after receipt of your request, excluding the day your request is received. You will be notified as to the time and place of the pre-termination hearing.

The pre-termination hearing will be informal. You, either personally or with counsel, will be given the opportunity to respond to the charges contained in the notice of intent to dismiss.

Within five (5) working days of the pre-termination hearing, excluding the day of the pre-termination hearing, the appointing authority will determine whether to dismiss you or to alter, modify or rescind the intended dismissal. You will be notified, in writing, of this decision and of the reasons for this decision.

☐ I HEREBY REQUEST A PRE-TERMINATION HEARING TO REPLY TO THE CHARGES CONTAINED IN THE NOTICE OF INTENT TO DISMISS.

I ☐ **WILL** be represented by counsel. [Attorney Name: _____ / Phone: _____]

I ☐ **WILL NOT** be represented by counsel.

Employee's Printed Name

Employee's Signature

Date

Personal Phone Number Where I Can Be Reached:

☐ I DO NOT WISH TO REQUEST A PRE-TERMINATION HEARING.

Employee's Printed Name

Employee's Signature

Date